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Attached are the following pages:

Transmittal Form (1 page)
Transmittal for Revocation of Power of Attorney (1 page)
Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence (2 pages)
Petition for Extension of Time under 37 CFR 1.136(a) (1 page)
Credit Card Payment Form (1 page)
Response to First Office Action (18 pages)
Return Receipt Postcard

Applicant:	<u>York et al</u>	Group Art Unit:	<u>3626</u>
Serial No.:	<u>10/618,236</u>	Examiner:	<u>Rangrej, Sheetal</u>
Filing Date:	<u>07/11/2003</u>	Atty. Docket No.:	<u>CREDITCARE - 001</u>
Title:	<u>Method and System for Obtaining Payment for Healthcare Services Using a Healthcare Note Servicer</u>		



PTO/SB/21 (04-07)

Approved for use through 09/30/2007. OMB 0651-0031

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

24

Application Number

10/618,236

Filing Date

07/11/2003

First Named Inventor

York

Art Unit

3626

Examiner Name

Rangrej, Sheetal

Attorney Docket Number

CREDITCARE - 001

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Response to First Office Action
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	Credit Card Payment Form
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	Certificate of Mailing
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application		Return Postcard
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		Transmittal for Revocation of Power of Attorney
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	BUCHE & ASSOCIATES, P.C.		
Signature			
Printed name	JOHN KARL BUCHE		
Date	SEPTEMBER 14, 2007	Reg. No.	46,584

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